

MSSH/LN/606

May 18, 2020

Delhi Pollution Control Committee
4th Floor, ISBT Main Building
Kashmere Gate
Delhi - 110006.


(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Subject : BMW Annual Report.

Dear Sirs,

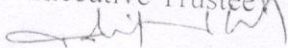
We are enclosing herewith Annual Report in Form-IV pertaining to generation and disposal of Bio-Medical Waste at our hospital, Max Institute of Cancer Care (a unit of Devki Devi Foundation), at 2nd Floor, 26-A, Lajpat Nagar-IV, New Delhi-110024 for the period from 01.01.2019 to 31.12.2019.

We are also enclosing herewith original Yearly Collection Report for the year 2019 issued by Biotic waste Solutions Private Ltd.

Thanking you

Yours faithfully

Mr. Rohit Pandit (DDF)
Executive Trustee



For Max Institute of Cancer Care
(A unit of Devki Devi Foundation)

Form - IV
(See rule 13)
ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBMWTF)]

S No.	Particulars																																									
1.	Particulars of the Occupier	MR ROHIT PANDIT																																								
	(i) Name of the authorised person (occupier or operator of facility)																																									
	(ii) Name of HCF or CBMWTF	Max Institute of Cancer Care (A Unit Of Devki Devi Foundation)																																								
	(iii) Address for Correspondence	2 nd Floor , 26- A Lajpat Nagar- 4																																								
	(iv) Address of Facility	2 nd Floor , 26 – A Lajpat Nagar- 4																																								
	(v) Tel. No, Fax. No	011- 30751000																																								
	(vi) E-mail ID	Ramachandran@maxhealthcare.com																																								
	(vii) URL of Website	www.maxhealthcare.com																																								
	(viii) GPS coordinates of HCF or CBMWTF	nil																																								
	(ix) Ownership of HCF or CBMWTF	Private Hospital																																								
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No. DPCC/(11)(5)(01)/2019/BMW/NST/AUTH/887 786 Valid upto 26/05/2024.																																								
	(xi) Status of Consents under Water Act and Air Act	N.A.																																								
2.	Type of Health Care Facility																																									
	(i) Bedded Hospital	No. of Beds : 15																																								
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	Nil																																								
	(iii) License number and its date of expiry	1382, 31 March 2019 Renewal application has been submitted																																								
3.	Details of CBMWTF																																									
	(i) Number healthcare facilities covered by CBMWTF	Not Applicable																																								
	(ii) No of beds covered by CBMWTF	Not Applicable																																								
	(iii) Installed treatment and disposal capacity of CBMWTF	Not Applicable																																								
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	Not Applicable																																								
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category : 1116.53 Red Category : 545.57 White: 159.75 Blue Category : 163.03 General Solid waste: 1645																																								
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility																																									
	(i) Details of the on-site storage facility	Size : 4'6 x 3'4 Capacity : Provision of on-site storage : (cold storage or any other provision)																																								
	(ii) Details of the treatment or disposal facilities	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th><th>No of units</th><th>Capacity Kg/ day</th><th>Quantity treated or disposed in kg per annum</th></tr> </thead> <tbody> <tr><td>Incinerators</td><td>nil</td><td>- nil</td><td></td></tr> <tr><td>Plasma Pyrolysis</td><td>nil</td><td>nil</td><td></td></tr> <tr><td>Autoclaves</td><td>nil</td><td>nil</td><td></td></tr> <tr><td>Microwave</td><td>nil</td><td>nil</td><td></td></tr> <tr><td>Hydroclave</td><td>nil</td><td>nil</td><td></td></tr> <tr><td>Shredder</td><td>nil</td><td>nil</td><td></td></tr> <tr><td>Needle tip cutter or destroyer</td><td>nil</td><td>nil</td><td></td></tr> <tr><td>Sharps encapsulation or concrete pit</td><td>nil</td><td>nil</td><td></td></tr> <tr><td></td><td>nil</td><td>nil</td><td></td></tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/ day	Quantity treated or disposed in kg per annum	Incinerators	nil	- nil		Plasma Pyrolysis	nil	nil		Autoclaves	nil	nil		Microwave	nil	nil		Hydroclave	nil	nil		Shredder	nil	nil		Needle tip cutter or destroyer	nil	nil		Sharps encapsulation or concrete pit	nil	nil			nil	nil	
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	nil	nil																																								

	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) nil		
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	1		
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	:		Quantity generated	Where disposed
			Incineration	N.A	
			Ash	N.A	
			ETP Sludge	N.A	
	(vi) Name of the Common BioMedical Waste Treatment Facility Operator through which wastes are disposed of	:	Biotic waste solution Pvt Ltd		
	(vii) List of member HCF not handed over bio-medical waste	:	Not Applicable		
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	:	Yes		
7.	Details trainings conducted on BMW	:			
	(i) Number of trainings conducted on BMW Management.	:	14		
	(ii) Number of personnel trained	:	11		
	(iii) Number of personnel trained at the time of induction	:	30		
	(iv) Number of personnel not undergone any training so far	:	NIL		
	(v) Whether standard manual for training is available?	:	YES		
	(vi) Any other information.	:	Nil		
8.	Details of the accident occurred during the year	:			
	(i) Number of Accidents occurred	:	Nil		
	(ii) Number of the persons affected	:	Nil		
	(iii) Remedial Action taken (Please attach details if any)	:	Nil		
	(iv) Any Fatality occurred, details.	:	Nil		
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	:	N.A		
10.	Details of Continuous online emission monitoring systems installed	:	N.A		
11.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	:	Nil		
12.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	:	Nil		
13.	Any other relevant information.	:	(Air Pollution Control Devices attached with the Incinerator)		

Certified that the above report is for the period from 01.01.2019 to 31.12.2019.

Date: 18/5/2020

Place : Delhi



Name and Signature of the Head of the Institution

[Signature]

Mr. Rohit Pandit (DDF)
Executive Trustee

For Max Institute of Cancer Care



ANNUAL REPORT 2019.

NAME:- Max Institute of Cancer Care (Devki Devi Foundation)

Address:- 26A, Lajpat Nagar -IV, New Delhi-110024

ID No-2591

Months	Incinerable (Kgs)	Autoclavable (Kgs)	White Sharp(Kgs)	Blue (Kgs)
Jan-19	96.48	38.2	23.45	14.74
Feb-19	90.16	31.88	9.4	12.93
March-19	99.18	38.64	13.2	12.15
April-19	94.07	43.09	12.18	12.79
May-19	95.35	47.7	15.18	14.69
June-19	95.68	43.36	15.32	12.91
July-19	99.43	48.56	12.69	18.3
Aug-19	90.9	42.48	13	14.26
Sep-19	87.6	45.18	12.08	14.11
OCT-19	91.82	55.62	11.93	12.92
NOV-19	88.62	56.71	11.12	11.61
DEC-19	87.24	54.14	10.2	11.6



FORM - I

[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

1. Date and time of accident: Nil
 2. Type of Accident: Nil
 3. Sequence of events leading to accident: Nil
 4. Has the Authority been informed immediately: Nil
 5. The type of waste involved in accident: Nil
 6. Assessment of the effects of the
Accidents on human health and the environment: Nil
 7. Emergency measures taken: Nil
 8. Steps taken to alleviate the effects of accidents: Nil
 9. Steps taken to prevent the recurrence of such an accident: Nil
 10. Does you facility has an Emergency Control policy? If yes give details: Yes
- Date: 18th May 2020
- Place: New Delhi
- Signature
Designation



Minutes of Meeting
Infection Control Committee

Date : 28th Feb 2019

Location: Max Institute of Cancer Care, Lajpat Nagar

Chairperson: Dr. Monika Mahajan

Present: Dr Sapna- DMS, Romen Philem, Ancy-ICN, Rajesh, Shivam & Sushma Mishra

S No:	Agenda Point	Responsibility	Date	Action Completed: Date & Sign:
1.	CSSD Register report to be shared	Ancy	Monthly	Ongoing
2.	Bio Logical and Clinical indicator, R.O water testing report was shared by the ICN	Ancy	Monthly	Done
3.	Needle stick injury training to be provided regularly to staff	Ancy	Monthly	Ongoing
4.	Hand Hygiene Compliance Data was shared by ICN	Ancy	Monthly	Done
5.	The quantity of BMW generated at the centre was reviewed and was found to be within the defined limits	Shivam	Daily	Ongoing
6.	The vaccination status of the HK employees was shared by ICN	Ancy	Quarterly	Done